

Office Use Only	

Missouri Department of Conservation **Application for Field & Retriever Trial Permit**

(For conservation agent's use only)

COMPLETE THIS BOX: PLEASE PRINT	
Name:	Business Name:
Address:	Business Address: (if different)
City, State, Zip:	City, State, Zip:
Home Telephone No.	Work Telephone No.
County:	Email:
Field & Retriever Trial (Code	650) \$20.00
Pheasant Leg Bands (Please indicate Quail Leg Bands (Please indicate nu	mber wanted at \$10 per 100) Number wanted Fee \$ Number wanted Fee \$
	Total Enclosed \$
Part 1 – Complete the following: PLF	EASE PRINT
What type of wildlife do you intend to pursue	.?
Approximate number of hunters:	Approximate number of dogs:
Date from trial: From	to
Date from trial: FromAt:	(Dates not to exceed 10 consecutive days)
	, please give a detailed description over which Trial will run).
County or Counties:	
Part 2 – Read thoroughly.	
1. Application for a permit must be to the trial.	e made to the department by a <i>resident</i> , and postmarked not less than ten (10) days prior
2. This permit does not authorize the	he use of any public or private land for this trial. It is the responsibility of the permittee agency or landowner at the location where the trial is to be held.
3. Complaints from area landowne	ers concerning the operation of the field trials may result in permit denial. eer, turkey, mink, muskrat, river otter and beaver. Field trails should NOT score points
Issuance of future per	mits shall be conditioned on compliance with these rules.
	'names and addresses are public records unless you specifically request that your information be closed. have your information made available as part of the public record.
I, the applicant, confirm that I have completed and pertaining to Field and Retriever Trial Permits.	read this application and agree that my signature below constitutes acceptance of all rules
Applicant's Signature:	Date:
☐ Approved ☐ Disapproved	DO NOT SEND CASH
	Remit by Check, Debit or Credit Card Payment (see back) or Money Order To:
By County Date	Missouri Department of Conservation Attn: Commercial Permits
DO NOT WRITE IN THIS SPACE	P.O. Box 180

Jefferson City, MO 65102-0180

3/2015

Payment Method

Total Amount Due \$	
☐ Check Enclosed (make check payable to <i>Missou</i>)	ri Department of Conservation)
Check One: Visa MasterCard	□ Discover
Debit or Credit Card Number:	
3 Digit Security Code Number:	(this number is located on the back of your card)
Expiration Date:	Phone #:
Signature:	(required on all debit or credit card orders)

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

As required by State Law, payments by debit or credit card will be charged an extra convenience fee according to the chart below. The fee will be added to the amount of your purchase, and your card statement will show the combined amount. This fee is paid to the payment processor, not the Department of Conservation.

Transaction Fee Amount	
\$0 - \$50.00	\$1.25
\$50.01 - \$75.00	\$1.75
\$75.01 - \$100.00	\$2.15
\$100.01 and up	2.15%

Mail application to: Missouri Department of Conservation

Attn: Commercial Permits

P.O. Box 180

Jefferson City, MO 65102-0180

Fax: (573) 751-4864

Phone: (573) 522-4115 (ext. 3322)